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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION

Application No. : 09/706,128 Confirmation No. : 7839
Applicants : Xiaoling Xie et al.
Filed : November 3, 2000
Group Art Unit : 1631
Examiner : Michael L. Borin
For : METHODS OF DESIGNING INHIBITORS FOR JNK
KINASES

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

EXPRESS MAIL CERTIFICATION

Express Mail Label No. EV669678305US
Date of Deposit: August 8, 2006

I hereby certify that this certification and the following papers:

1. Transmittal Letter (in duplicate);
2. Amendment and Reply to Office Action; including:
 - a copy of the September 18, 2003 Amendment and Reply to Office Action (Exhibit A);
 - a copy of the Transmittal Letter of Replacement Drawing Sheets (Exhibit B);
 - copies of Replacement Sheets 1/69 to 61/69 (Exhibit C);
 - and
3. Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and are addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Isatta B. Smith

Name: _____



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New York, New York
August 8, 2006

Mail Stop Amendment
Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: [X] an Amendment and Reply to Office Action, including a copy of the September 18, 2003 Amendment and Reply to Office Action (Exhibit A), a copy of the Transmittal Letter of Replacement Drawing Sheets (Exhibit B) and copies of Replacement Sheets 1/69 to 61/69 (Exhibit C) (Exhibits A-C attached); [X] Postcard Receipt; [X] Express Mail Certification; to be filed in the above-identified patent application.

FEE FOR ADDITIONAL CLAIMS

[X] A fee for additional claims is not required.

[] A fee for additional claims is required.

The additional fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE		ADDITIONAL FEES
TOTAL CLAIMS	15	-	23	=	0	X	\$50	=	\$0.00
INDEPENDENT CLAIMS	5	-	7	=	0	X	\$200	=	\$0.00
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM						+	\$360	=	\$0.00

* If less than 20, insert 20.

TOTAL \$0.00

** If less than 3, insert 3.

[] A check in the amount of \$_____ in payment of the filing fee is transmitted herewith.

[X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 06-1075, Order No. 003602-0010. A

duplicate copy of this transmittal letter is
transmitted herewith.

- [] Please charge \$_____ to Deposit Account No. 06-1075
in payment of the filing fee. A duplicate copy of
this transmittal letter is transmitted herewith.

Respectfully submitted,

Michele A. Kercher

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